

Primary Care Physician Advisory Committee
Meeting Minutes October 21, 2015

Members Present: David Bourassa, Kathryn Konscol-Banner, Nicole Alexander-Scott, Mark Braun, Audrey Kupchan, Diane Siedlecki, Patrick Sweeney, Richard Wagner *Guests:* Josiah Rich, Chelsea Graham, Joseph Fields-Johnson *On Phone:* Elizabeth Lange *Staff:* Ailis Clyne, Margaret Gradie, Brittany Mandeville, Katelyn Edel, Peter Ragosta, Jim McDonald, Lillian Agyei

Members Unable to Attend: Gregory Allen, David Ashley, Munawar Azam, Jeffrey Borkan, Denise Coppa, Steven DeToy, Michael Felder, Deidre Gifford, Cynthia Holzer, Steven Kempner, Albert Puerini Jr., John Solomon, Jennifer Thiessen, Newell Warde

Open Meeting / Old Business: Co-chair David Bourassa called the meeting to order at 7:30 AM.

Approval of Minutes: The minutes of the September 16, 2015 meeting were approved with an amendment that contact information for Ann Barone be included under the WIC presentation.

First Agenda: Rhode Island Opioid Response — *Nichole Alexander Scott, Director, RI Department of Health, Jody Rich, Governor's Overdose Prevention and Intervention Task Force*

Nicole Alexander Scott began the presentation on Rhode Island's Opioid Response by describing how the Governor Gina Raimondo signed an executive order to reinvigorate the Overdose Prevention and Intervention Task Force. The task force is responsible for creating an evidence based high impact strategic plan. This plan focuses on prevention, treatment, reversal and recovery.

Dr. Josiah Rich provided a summary of the landscape of the opioid and overdose epidemic in Rhode Island. Physicians overprescribe opiates for two reasons: medical education with a focus on chronic pain and pressure from the pharmaceutical industry. Once a patient begins using opiates regularly, they develop a tolerance, and doses escalate. The result is a chain of events that can lead to intravenous injection of heroin and all its associated risks. Overdoses are more likely to happen if an individual if they use alcohol or benzodiazepine. Fentanyl has been introduced into the heroin supply, and half of this year's overdose deaths have shown traces of this opiate analgesic.

Dr. Rich presented the four dimensions of the strategic plan:

1. **Treatment-** Methadone and buprenorphine have cut overdose deaths by 80% and 70% in France and Baltimore, respectively. In Rhode Island, we are severely lacking in physicians who can prescribe buprenorphine, with 150 waived but only 43 have prescribed for more than 50 patients in a year. The maximum a doctor can prescribe is 100 patients. The Task Force recommends that doctors take the training for prescribing buprenorphine so that they have experience with addiction. This training should be required during residency. They also recommend a Spoke and Hub model, where there are centers of excellence, or hubs, for individuals to get stabilized. Once stabilized, these individuals can be connected to primary care offices, or spokes.
2. **Reversal-** The presence of fentanyl in heroin has proposed a challenge to reversal, as it has a much faster onset and allows a smaller time frame for Narcan to have an effect. Still, the Task Force is urging pharmacies to offer training on how to use Narcan and dispense it.
3. **Prevention-** The Task Force proposed three main paths for prevention. The first is to limit the prescription of benzodiazepine, as it was involved in 30% of drug overdose deaths. Rhode Island is ranked fourth nationally for benzodiazepine prescriptions. Yet, providers cannot take away all prescriptions, as patients would shift to drugs like heroin. Instead, the goal is to monitor the amount of drugs being prescribed to ensure that no excess drugs are released into society. The second technique would involve the renovation of the criminal justice system. Instead of cutting individuals off when they enter the system, we should coordinate systems to get people into treatment.

4. Recovery- The Task Force highlighted that they are working with a highly stigmatized population, and how these individuals internalize their stigma. All individuals need health, home, community and purpose. Peer recovery is very effective method to instill a feeling of purpose in recovering addicts.

Nicole Alexander Scott requested a formal statement from PCPAC endorsing the evidence-based report and opened the floor to questions.

Mark Braun spoke to the challenges of logging into the PDMP for every patient. Dr. McDonald replied that the DOH has received grant funds to update the PDMP including a change in vendor that will solve many of these issues. DOH Director Alexander-Scott called for a change in culture regarding checking PDMP and creating a unified system. By working out the kinks of PDMP we can not only address overdoses, but also identify opioid dependency before it becomes an addiction and possibly leads to death.

Dr. Rich elaborated on the challenges of getting physicians to commit to administering buprenorphine. He recognized that physicians do not want to take on new patients that need this treatment expressed the hope that training new doctors on how to administer this treatment would combat this potential negative consequence. Mark Braun emphasized that physicians do not have the time to check on these patients using buprenorphine each month, to which Jody Rich answered that it was possible for the office staff to perform these monthly appointments.

Richard Wagner questioned if the goal of prescription monitoring is to improve therapeutic outcomes for patients or punish providers. He suggested that the timing of when a prescription for benzodiazepine was written for an overdose victim (if in fact the benzodiazepine was obtained through prescription), how long the drug had been in the victim's system, and the role of alcohol all be taken into consideration in determining the role of benzodiazepine in an overdose death. Also, prescribers need complete information on the prescriptions obtained by their patients. Currently, prescribers do not know if their patient has been prescribed suboxone by another practitioner.

Kathryn Konscol-Banner suggested that one aspect of prevention is non-pharmaceutical modalities for pain management. Yet, some patients are unable to pay for this type of care and these treatments are not covered by insurers. David Bourassa mentioned that impact on total cost of care for practices in risk sharing arrangements with insurers could be considerable if suboxone treatment is increased as the drug is expensive.

Nicole Alexander Scott asked Dr. Bourassa to summarize his concerns about cost of care in an e-mail and said a PDMP enforcement policy plan should be addresses at a future meeting. She asked Margaret to send a copy of the Task Force report to PCPAC members.

The final suggestion was to have a frequently asked questions section in the report that would be able to address concerns about spending time and money on addiction and overdoses instead of other aspects of healthcare.

Second Agenda: Improving HIV and infectious syphilis screening among men who have sex with men in Rhode Island — *Phil Chan, Consultant, Office of HIV & STDs, RI Department of Health*

Due to time limitations this presentation was postponed until the next PCPAC meeting.

Other Business/Announcements:

There was a vaccine update. There are trivalent and quadrivalent vaccines for adults and children. All vaccines are readily available for order. There was some discussion over the delay on receiving vaccines, a system put in place by Dr. Fine to reduce waste in a replenishment system. There is low flu activity but it will be an early flu season. The vaccine is better matched to the flu strain this year.

The next meeting of PCPAC will be November 18th. *Meeting ended at 8:30.*